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FACSIMILE COMMUNICATION**To:** Examiner T. Ton**Date:** August 10, 2006**Fax #:** 571-273-9064**Re:** PIRI3001/BEU/JEK
AMENDMENT filed 7/19/06**From:** Benjamin E. Urcia/jsh**Total pages:** 12, including cover sheet**Confidential/Privileged**

This communication contains confidential information that is intended to be received and read only by the party named as addressee (listed after "To:" at the left). This communication may contain information that is subject to the attorney/client privilege and/or a court order restricting its dissemination. No one else is entitled to read, use, copy or disseminate this communication or the information contained herein. If you are not the addressee, or the agent of the addressee, then contact us immediately by telephone (collect) or facsimile and arrangements will be made for the return to us of this communication.

Thank you, BACON & THOMAS, PLLC.

Message:

Examiner Ton, please find attached a Supplemental Amendment as you have requested from Benjamin Urcia.

If you have any questions, please contact our office for assistance.

Thanks. Jeanette (secretary to B.E. Urcia)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

JN RE APPLICATION F: ENRICO M. PIRINOLI

SERIAL NO.: 10/501,327

FILED: July 22, 2004

FOR: OPTICAL METHOD AND DEVICE FOR
PERFORMING GEOMETRICAL MEASUREMENTS

GROUP ART UNIT: 2877

EXAMINER: T. Ton

ATTY. REFERENCE: PIR13001/BEU

COMMISSIONER OF PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a communication/amendment in the above-identified application.

- ☐ Small entity status under 37 CFR 1.1 and 1.27 is claimed.
- ☐ No additional fee is required.

The fee, if any, has been calculated as shown below:

Fee Basis	Number of Claims After Amendment	Highest Number Previously Paid For	Extra Claims	Small Entity	Full Fee
Total Claims		- ¹	= ³	x \$ 25 =	x \$ 50 =
Independent Claims		- ²	= ³	x \$ 100 =	x \$ 200 =
<input type="checkbox"/> First Presentation of Proper Multiple Dependent Claim				+ \$ 180 =	+ \$ 360 =
TOTAL					

¹ If less than 20 enter 20.

² If less than 3 enter 3.

³ If less than 0 enter 0.

- ☐ Please charge my Deposit Account Number 02-0200 in the amount of \$ _____. A duplicate copy of this sheet is attached.
- ☐ A check in the amount of \$ _____ is attached.
- ☐ The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees due under 37 CFR 1.16 and 37 CFR 1.17 or credit any overpayment to Deposit Account Number 02-0200. A duplicate copy of this sheet is attached.
- ☐ Also enclosed is/are:

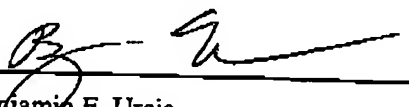
23364

Customer Number

Phone: (703) 683-0500

DATE: August 10, 2006

Respectfully submitted,


Benjamin E. Urcia
Attorney for Applicant
Registration Number: 33,805